

DGMC GENERAL INTERNAL MEDICINE OUTPATIENT AND ACUTE MEDICINE CLINIC (AMC) ROTATION

I. Structure:

- a. This is a required rotation for all residents and interns.
- b. Schedule:

PG1 Medicine residents

Monday	Tuesday	Wednesday	Thursday	Friday
AMC	AMC	AMC	Flex sigs	CC
AMC	AMC	CC	Procedures	AMC

(AMC=acute medicine clinic, CC=continuity clinic, Flex sigs=flexible sigmoidoscopies, Procedures=procedure clinic)

PG2 and 3 residents

Monday	Tuesday	Wednesday	Thursday	Friday
CC	Pre-op	Flex Sigs	Treadmills	AMC
AMC	Consults	AMC	Procedures	CC

(Pre-op=pre-operative clinic, Consults=Internal medicine outpatient consults)

- c. Residents and interns will spend ½ day per week in procedure clinic. Where they will learn to perform outpatient procedures such as skin biopsies, liquid nitrogen treatments, and joint and soft tissue injections.
- d. Interns and residents will spend ½ day per week performing flexible sigmoidoscopies.
- e. Residents will spend ½ day per week doing pre-operative consultations
- f. Residents will spend ½ day per week seeing Internal Medicine Outpatient Consults
- g. Residents will spend ½ day per week performing exercise treadmill testing
- h. Both residents and interns will spend two ½ days per week seeing their own continuity clinic.
- i. The rest of their time will be spend seeing patients in the Acute Medicine Clinic (AMC). The AMC was developed to allow patients empanelled in the Internal Medicine Clinic better access to care for urgent problems. AMC appointments are triaged by the nurses and booked on the same day.

II. Purpose/Rationale/Value:

This rotation was developed to enhance the knowledge, skills, and attitudes of medical residents and students in the management of a broad range of patients in the Internal Medicine primary care setting.

The rotation enhances the generalist competencies of the resident in a concentrated and structured format in order to help the resident efficiently manage a variety of clinical problems in the outpatient setting.

It is expected that each resident will acquire:

1. The knowledge of a wide range of acute and chronic medical illnesses.
2. The clinical skills necessary for recognizing broad clinical syndromes and initiating proper therapy based upon a working knowledge of ambulatory primary care medicine.
3. The professional attitudes and behavior necessary to provide primary care to patients.
4. The experience required to become a proficient general internist with respect to acute and chronic ambulatory medical problem
5. The ability to perform basic Internal Medicine outpatient procedures including skin biopsies, joint and soft tissue infections, and flexible sigmoidoscopies. In addition the senior residents will be expected to perform exercise treadmill testing

III.Objectives

- a. To learn and refine history taking and physical exam skills
- b. To define the etiology, pathogenesis, clinical presentation and natural history of diseases seen during these rotations.
- c. To develop an advanced level of skill in diagnosis, as well as mature judgment and resourcefulness in therapy.
- d. To learn the indications, contraindications, complications and limitations of specific procedures, to develop technical proficiency in performing these procedures, and to learn to interpret the results or the indications for the following specific procedures: arthrocentesis (knee and other joints), breast examination, bursal / soft tissue injection, exercise treadmill testing, flexible sigmoidoscopy, rectal examination, microscopic exam of urine, exercise treadmill testing (senior residents only) and gynecologic examination
- e. To refine the skills and techniques of effective communication: clear, concise, and complete oral and written presentations.
- f. To develop an appreciation for an approach to the ethical, cultural and socioeconomic dimensions of illness.
- g. To develop attitudes and skills needed for continued self-education throughout a professional career and the ability to critically assess the medical literature, including informatics.
- h. To appreciate the occupational and environmental impact upon disease in this population group.
- i. To appreciate the principles of legal and governmental regulation and the impact of cost containment.
- j. To develop knowledge, skills and attitudes to manage a wide array of primary care problems in the outpatient setting.
- k. To develop knowledge and skills in the management of patients in a Primary Care setting with clinical problems related to dermatology, office gynecology, office otolaryngology, office ophthalmology, women's health, and office orthopedics

- l. To develop knowledge, skills, and attitudes necessary to improve patient outcomes through continuous quality improvement programs.
- m. To learn appropriate use of screening and preventive measures, including women's health issues.
- n. To prepare the resident to function as a general internist without the benefit of being at a major medical center.
- o. To develop triage skills and learn how to organize priorities.
- p. To develop consultative skills for emergent, urgent, and routine consults referred to Internal Medicine from outlying bases/hospitals and other departments within the medical center. (senior residents only)
- q. To learn pre-operative assessment and be a partner with the surgical services in the care of the surgical patient. (senior residents only)
- r. To learn to order pertinent, cost effective diagnostic tests in a range of settings from emergent to routine.
- s. To recognize the indications, complications, and interactions of the multitude of medications the average internal medicine patient is prescribed.
- t. To train the resident to be an educator for patients, colleagues, and medical students

IV. Principal Teaching Methods

- a. The emphasis will be on seeing a broad range of patients. Each patient will be discussed with the AMC preceptor immediately after seeing the patient.
- b. The preceptor will provide brief, interactive lessons based on the patients seen in clinic that day.
- c. The senior resident will have the opportunity to precept interns and students in the AMC with immediate feedback from the attending preceptor.
- d. Residents should attend morning openers, noon conferences, grand rounds, journal club, etc, unless involved in direct patient care.

V. Recommended Resources

Residents are encouraged to read about all of their patients in an appropriate general Medicine text. A list of AMC topics has been included. Because it is frequently updated, extensively referenced, and includes abstracts of referenced articles, the program highly recommends UpToDate as a primary resource.

VI. Methods to be used for Evaluation

The AMC attendings will compile and complete a formal written evaluation at the end of the rotation and give verbal feedback to the resident. The resident will also receive mid-month verbal feedback from the attendings. The resident will complete an evaluation on the preceptor (whom he/she most worked with) at the end of the rotation. In addition, interns should be observed during a mini-CEX exercise at least once during their AMC rotation.

Christina Humberd, Capt, USAF, MC
03'-04' Chief Resident

Kathryn Amacher, Col, USAF, MC
Internal Medicine Residency Program Director

Heather Lorenzo, Maj, USAF, MC
Assistant Program Director

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Recommended Reading -AMC Topics

- red eye
- end of life care
- chronic cough
- dementia/delerium
- abnormal LFT's
- anemia
- depression/anxiety d/o's
- atrial fibrillation
- palpitations
- vertigo
- headache
- dysphagia
- assessment and triage of GI Bleeding
- PUD
- GERD/dyspepsia
- acute diarrhea
- chronic diarrhea
- systolic and diastolic dysfunction
- hypertension
- anticoagulation
- evaluation of shoulder pain
- evaluation of knee pain
- back pain
- foot pain
- hormone replacement therapy
- prostate cancer screening
- colon cancer screening
- breast cancer screening
- cervical cancer screening/paps
- abnormal vaginal bleeding
- unexplained weight loss

- fatigue/weakness
- upper respiratory infections
- urinary tract infections
- urinary incontinence
- BPH
- edema
- venous stasis

Recommended Reading -AMC Topics cont'd

TIA/CVA

- cellulitis
- syncope
- sleep disorders
- chest pain
- dyspnea
- peripheral neuropathy
- pre-operative evaluation
- drug SE's
- diastolic dysfunction
- CHF
- pneumonia
- COPD
- asthma
- PVD/ Claudication
- osteoporosis
- dermatology/onychomycosis
- IBS
- constipation
- hematuria/proteinuria
- lymphadenopathy
- impotence/sexual disorders
- SBE prophylaxis
- alcoholism
- immunizations
- diabetes
- profiles/MEB's
- herbal medicine/vitamins
- fibromyalgia/myofascial pain
- telephone medicine
- tobacco cessation
- SPN
- thyroid disorders
- STDs

- obesity
- acute renal failure
- chronic renal failure